

AMENDMENTS TO THE CLAIMS

Without prejudice, this listing of claims will replace prior versions, and listings, of claims in the application:

Listing of Claims:

1. (previously presented) A method of treating a patient having an acute myocardial infarction comprising:
administering to said patient an effective amount of a formulation comprising a cytotoxic or cytostatic agent encapsulated within a suitable carrier from 0.03 to 1.0 micron in size, wherein the formulation reduces a myocardial zone of infarct, thereby minimizing the damage to said patient resulting from said acute myocardial infarction.

Claims 2 – 3. (cancelled)

4. (previously presented) The method as in claim 1, wherein the formulation inhibits blood monocytes or tissue macrophages.

5. (previously presented) The method as in claim 1, wherein the formulation depletes blood monocytes or tissue macrophages.

6. (previously presented) The method as in claim 1, wherein the formulation has a size range of 0.07 to 0.5 microns.

7. (previously presented) The method as in claim 1, wherein the formulation has a size range of 0.1 to 0.5 microns.

8. (previously presented) The method as in claim 1, wherein the formulation has a size range of 0.1 to 0.3 microns.

9. (previously presented) The method as in claim 1, wherein the formulation has a size range of 0.1 to 0.18 microns.

10. (previously presented) The method as in claim 1, wherein the cytotoxic or cytostatic agent is an intra-cellular inhibitor.

Claims 11 – 15. (cancelled)

16. (previously presented) The method as in claim 1, wherein the formulation can primarily enter a cell via phagocytosis.

17. (previously presented) The method as in claim 1, wherein the cytotoxic or cytostatic agent is a bisphosphonate.

18. (cancelled)

19. (original) The method according to claim 17, wherein the bisphosphonate is selected from the group consisting of clodronate, etidronate, tiludronate, pamidronate, alendronate and risendronate.

20. (previously presented) The method according to claim 1, wherein the suitable carrier is a liposome.

Claims 21 – 22. (cancelled)

23. (original) The method according to claim 4, wherein inhibition of said monocytes or macrophages occurs through phagocytosis of the formulation.

24. (original) The method according to claim 5, wherein depletion of said monocytes or macrophages occurs through phagocytosis of the formulation.

25. (previously presented) A method of treating a patient having an acute myocardial infarction followed by myocardial necrosis comprising:

administering to said patient an effective amount of a formulation comprising a bisphosphonate encapsulated within a suitable carrier from 0.03 to 1.0 micron in size, thereby minimizing damage resulting from the myocardial necrosis to said patient.

26. (previously presented) The method according to claim 25, wherein the suitable carrier is a liposome.

Claims 27 – 30. (cancelled)

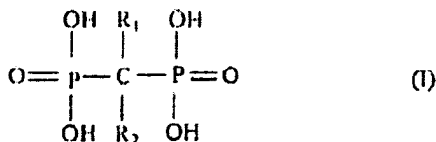
31. (previously presented) The method according to claim 25, wherein the formulation inhibits blood monocytes or tissue macrophages.

32. (previously presented) The method according to claim 25, wherein the formulation depletes blood monocytes or tissue macrophages.

33. (original) The method according to claim 31, wherein inhibition of said monocytes or macrophages occurs through phagocytosis of the formulation.

34. (original) The method according to claim 32, wherein depletion of said monocytes or macrophages occurs through phagocytosis of the formulation.

35. (previously presented) The method according to claim 1, wherein said cytotoxic or cytostatic agent has formula (I):



wherein R₁ is H, OH or halogen group; and

R₂ is halogen; linear or branched C₁–C₁₀ alkyl or C₂–C₁₀ alkenyl, optionally substituted by heteroaryl or heterocyclyl C₁–C₁₀ alkylamino or C₃–C₈ cycloalkylamino, where the amino may be a primary, secondary or tertiary amine; -NHY where Y is hydrogen, C₃–C₈ cycloalkyl, aryl or heteroaryl; or -SZ, where Z is chlorosubstituted phenyl or pyridinyl.

Claims 36 – 38. (cancelled)

39. (previously presented) The method according to claim 1 or 25, wherein the formulation is administered during reperfusion.

40. (previously presented) A method of treating a patient in need thereof comprising administering to said patient an effective amount of a formulation comprising a cytotoxic or cytostatic agent encapsulated within a suitable carrier from 0.03 to 1.0 micron in size, wherein said formulation is capable of reducing a myocardial zone of infarct and is administered during or as early as possible after an acute myocardial infarction.

41. (original) The method according to claim 40, wherein the procedure is a percutaneous transluminal coronary angioplasty.

Claims 42-70. (cancelled)

71. (previously presented) A method of treating a patient having an acute myocardial infarction followed by myocardial necrosis comprising:

administering to said patient an effective amount of a formulation comprising a cytotoxic or cytostatic agent encapsulated within a suitable carrier from 0.03 to 1.0 micron in size, thereby minimizing damage resulting from the myocardial necrosis to said patient.

72. (previously presented) The method according to claim 71 wherein said method improves ventricular remodeling.